



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
(Attorney Docket Number: YAFO-003)

A/8  
6/9/04  
Dobbs

**In the Application of:**

Francis A. MOODY

**Application Serial Number:** 09/754,548

**Date Filed:** 05 January 2001

**Title:** Parallel Interconnect Implemented with  
Hardware

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)  
) **Group Art Unit:** 2663  
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)  
) **Examiner:** NG, Christine Y.

**RECEIVED**

JUN 07 2004

Technology Center 2600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

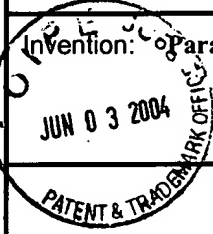
**AMENDMENT AND RESPONSE**

In response to the Office Action dated April 30, 2004, applicant hereby cancels claims 12-15 (erroneously numbered 12, and 14-16 in the original), amends claims 1, 3, 5, 6, and 8, and adds new claims 16-23.

Applicant amends the specification to correct a typographical omission.

Applicant also amends Figs 3 and 4 to correct erroneous reference number notations.

2663 3727

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> YAFO-003	
<b>Applicant(s): Francis A. MOODY</b>					
<b>Application No.</b> 09/754,548	<b>Filing Date</b> 01/05/2001	<b>Examiner</b> NG, Christine Y.	<b>Customer No.</b>	<b>Group Art Unit</b> 2663	<b>Confirmation No.</b> 3727
<b>Invention:</b> Parallel Interconnect Implemented with Hardware					
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			<b>COMMISSIONER FOR PATENTS:</b> JUN 07 2004 Technology Center 2600		
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
TOTAL CLAIMS	19 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0763</div> <div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div> <div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>					
<div><u>Stephen R. Whitt</u> 34,753</div> <div>Signature</div>			<div>Dated: 2 June 2004</div>		
cc:			<div>I certify that this document and fee is being deposited on <u>2 JUN 2004</u> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div>		
			<div><u>Stephen R. Whitt</u></div> <div>Signature of Person Mailing Correspondence</div>		
			<div>Stephen R. Whitt</div> <div>Typed or Printed Name of Person Mailing Correspondence</div>		